

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5  
**Hinson for Congress**

ADDRESS (number and street) 202 Myrtle Pl  
 Check if different than previously reported. (ACC) South St Paul MN 55075

2. **FEC IDENTIFICATION NUMBER** C C00607127 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
MN 07

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on M M / D D / Y Y Y Y in the State of  

(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y in the State of  

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2016 through M M / D D / Y Y Y Y 03 / 31 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Kathie Roberts

Signature of Treasurer Kathie Roberts [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Hinson for Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7819.44	7819.44
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	7819.44	7819.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	3827.63	3827.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	3827.63	3827.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	2520.35	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**Hinson for Congress**

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4242.74	4242.74
(ii) Unitemized.....	3576.70	3576.70
(iii) TOTAL of contributions from individuals ▶	7819.44	7819.44
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	7819.44	7819.44
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	0.00	0.00
16. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	7819.44	7819.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	3827.63	3827.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	1471.46	1471.46
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	5299.09	5299.09

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7819.44
25. SUBTOTAL (add Line 23 and Line 24).....	7819.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5299.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	2520.35

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Cooney III</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 29 / 2016	
Mailing Address 6400 Fallbrook Rd		<b>Transaction ID : SA11AI.4254</b>	
City Eden Prairie	State MN	Zip Code 55344	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 133.73	
Name of Employer Fallbrook Co	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 299.43		
In-kind - Fairfield Inn -St Cloud, MN - Lodging Travel			

Full Name (Last, First, Middle Initial) <b>B. John Cooney III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2016	
Mailing Address 6400 Fallbrook Rd		<b>Transaction ID : SA11AI.4256</b>	
City Eden Prairie	State MN	Zip Code 55344	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 280.38	
Name of Employer Fallbrook Co	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 579.81		
In-kind - Weston Alexandria, Alexandria VA - Lodging			

Full Name (Last, First, Middle Initial) <b>C. John Cooney III</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 21 / 2016	
Mailing Address 6400 Fallbrook Rd		<b>Transaction ID : SA11AI.4205</b>	
City Eden Prairie	State MN	Zip Code 55344	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period _____ 250.00	
Name of Employer Fallbrook Co	Occupation Partner		
Receipt For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 829.81		
Individual Contribution			

<b>SUBTOTAL</b> of Receipts This Page (optional).....	_____ 664.11
<b>TOTAL</b> This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**David Esposito**

Mailing Address 6842 Shallowford Way

City State Zip Code  
Portage WI 49024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Harvest Time Partner

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
550.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 19 / 2016

**Transaction ID : SA11AI.4181**

Amount of Each Receipt this Period  
500.00

Memo Item  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
**AMANDA LYNN HINSON**

Mailing Address 120 4TH ST. S

City State Zip Code  
LONG PRAIRIE MN 56347

FEC ID number of contributing federal political committee. **C** H6MN07288

Name of Employer Occupation  
Self Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
332.69

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 01 / 2016

**Transaction ID : SA11AI.4106**

Amount of Each Receipt this Period  
332.69

Memo Item  
Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
**AMANDA LYNN HINSON**

Mailing Address 120 4TH ST. S

City State Zip Code  
LONG PRAIRIE MN 56347

FEC ID number of contributing federal political committee. **C** H6MN07288

Name of Employer Occupation  
Self Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
432.69

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
01 / 21 / 2016

**Transaction ID : SA11AI.4120**

Amount of Each Receipt this Period  
100.00

Memo Item  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

932.69

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**AMANDA LYNN HINSON**

Mailing Address 120 4TH ST. S

City State Zip Code  
LONG PRAIRIE MN 56347

FEC ID number of contributing federal political committee. **C H6MN07288**

Name of Employer Occupation  
Self Writer

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
493.17

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 26 / 2016

**Transaction ID : SA11AI.4158**

Amount of Each Receipt this Period  
60.48

Memo Item  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Steven Hinson**

Mailing Address 120 4th St S

City State Zip Code  
Long Prairie MN 56347

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Creative Dreams Music Network Musician

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
424.46

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 25 / 2016

**Transaction ID : SA11AI.4239**

Amount of Each Receipt this Period  
424.46

Memo Item  
In-kind - Southwest Airlines-Travel-Political

**C.** Full Name (Last, First, Middle Initial)  
**Philip Lord**

Mailing Address PO Box 393

City State Zip Code  
Belgrade MN 56312

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Belgrade Nursing Home Manager

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 26 / 2016

**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
500.00

Memo Item  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

984.94

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Angela Refsland**

Mailing Address 316 California Ave #544

City Reno	State NV	Zip Code 89509
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FEC ID number of contributing federal political committee. **C**

Name of Employer Waking Girl	Occupation Web Design
---------------------------------	--------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
360.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2016

**Transaction ID : SA11AI.4193**

Amount of Each Receipt this Period  
360.00

Memo Item  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Timothy Richie**

Mailing Address 6106 South Pointe Dr

City Rochester	State MN	Zip Code 55902
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FEC ID number of contributing federal political committee. **C**

Name of Employer Supervalu	Occupation IT Compliance Auditor
-------------------------------	-------------------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 20 / 2016

**Transaction ID : SA11AI.4195**

Amount of Each Receipt this Period  
350.00

Memo Item  
Individual Contribution

**C.** Full Name (Last, First, Middle Initial)  
**James Van Alstine**

Mailing Address 19801 US Hwy 59

City Morris	State MN	Zip Code 56267
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FEC ID number of contributing federal political committee. **C**

Name of Employer University of MN - Morris	Occupation Professor
---	-------------------------

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 26 / 2016

**Transaction ID : SA11AI.4233**

Amount of Each Receipt this Period  
500.00

Memo Item  
Individual Contribution

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

1210.00

**SCHEDULE A (FEC Form 3)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Westfall**

Mailing Address 2552 280th Ave

City State Zip Code  
Rothsay MN 56579

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 29 / 2016

**Transaction ID : SA11AI.4154**

Amount of Each Receipt this Period  
250.00

Memo Item  
Individual Contribution

**B.** Full Name (Last, First, Middle Initial)  
**Hymman Wood**

Mailing Address 701 W Herbert #16

City State Zip Code  
Reedly MN 93654

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Retired Retired

Receipt For: 2016  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
201.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
02 / 12 / 2016

**Transaction ID : SA11AI.4134**

Amount of Each Receipt this Period  
201.00

Memo Item  
Individual Contribution

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**SUBTOTAL** of Receipts This Page (optional).....

**TOTAL** This Period (last page this line number only).....

451.00

4242.74

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. John Cooney III</b>		Date of Disbursement MM / DD / YYYY 02 / 29 / 2016
Mailing Address 6400 Fallbrook Rd		Amount of Each Disbursement this Period 133.73
City Eden Prairie	State MN	
Purpose of Disbursement In-kind - Fairfield Inn -St Cloud, MN - Lodging Travel		Memo Item <input type="checkbox"/>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.4255</b>
State: MN District: 07	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. John Cooney III</b>		Date of Disbursement MM / DD / YYYY 03 / 10 / 2016
Mailing Address 6400 Fallbrook Rd		Amount of Each Disbursement this Period 280.38
City Eden Prairie	State MN	
Purpose of Disbursement In-kind - Weston Alexandria, Alexandria VA - Lodging		Memo Item <input type="checkbox"/>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.4257</b>
State: MN District: 07	Category/Type	

Full Name (Last, First, Middle Initial) <b>c. Steven Hinson</b>		Date of Disbursement MM / DD / YYYY 02 / 25 / 2016
Mailing Address 120 4th St S		Amount of Each Disbursement this Period 424.46
City Long Prairie	State MN	
Purpose of Disbursement In-kind - Southwest Airlines-Travel-Political		Memo Item <input type="checkbox"/>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Transaction ID : <b>SB17.4243</b>
State: MN District: 07	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	838.57
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Victor Hinton</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2016</b>
Mailing Address 10275 49th Ave SW		Amount of Each Disbursement this Period <b>500.00</b> <input type="checkbox"/> Memo Item
City Pillager	State MN Zip Code 56374	
Purpose of Disbursement Fundraising Consultant	Category/Type <b>003</b>	<b>Transaction ID : SB17.4341</b>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. Paychex</b>		Date of Disbursement MM / DD / YYYY <b>03 / 24 / 2016</b>
Mailing Address 1210 Northland Dr #100		Amount of Each Disbursement this Period <b>864.54</b> <input type="checkbox"/> Memo Item
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Payroll-Kevin Poindexter	Category/Type <b>001</b>	<b>Transaction ID : SB17.4337</b>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Paychex</b>		Date of Disbursement MM / DD / YYYY <b>03 / 25 / 2016</b>
Mailing Address 1210 Northland Dr #100		Amount of Each Disbursement this Period <b>204.40</b> <input type="checkbox"/> Memo Item
City Mendota Heights	State MN Zip Code 55120	
Purpose of Disbursement Set Up Fee	Category/Type <b>001</b>	<b>Transaction ID : SB17.4344</b>
Candidate Name <b>AMANDA LYNN HINSON</b>		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 07	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>1568.94</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 13		
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. Paychex</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 25 / 2016</b>
Mailing Address <b>1210 Northland Dr #100</b>		Amount of Each Disbursement this Period <b>404.00</b> <input type="checkbox"/> Memo Item
City <b>Mendota Heights</b> State <b>MN</b> Zip Code <b>55120</b>	Purpose of Disbursement <b>Payroll Taxes</b> <input type="checkbox"/> <b>001</b> Category/Type	
Candidate Name <b>AMANDA LYNN HINSON</b>		<b>Transaction ID : SB17.4345</b>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: <b>MN</b> District: <b>07</b>	Disbursement For: <b>2016</b> <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State Zip Code	
Purpose of Disbursement		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>404.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>2811.51</b>

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 13			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Hinson for Congress**

Full Name (Last, First, Middle Initial) <b>A. First Impressions Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2016
Mailing Address 401 Front St		Amount of Each Disbursement this Period 217.81 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.4346</b>
City Brainerd	State MN	
Zip Code 56481	Purpose of Disbursement Printong - Envelopes	Category/ Type 006
Candidate Name <b>AMANDA LYNN HINSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 07	

Full Name (Last, First, Middle Initial) <b>B. Waking Girl</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2016
Mailing Address 316 California Ave		Amount of Each Disbursement this Period 495.00 <input type="checkbox"/> Memo Item <b>Transaction ID : SB21.4310</b>
City Reno	State NV	
Zip Code 89509	Purpose of Disbursement Printing-Brochures	Category/ Type 006
Candidate Name <b>AMANDA LYNN HINSON</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: MN District: 07	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period  <input type="checkbox"/> Memo Item
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	712.81
<b>TOTAL</b> This Period (last page this line number only).....	712.81